

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000060566

**Entity Name:** CINCUNEGUI CIGARS, LLC

**FILED**  
**Oct 01, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

4009 W. LEMON STREET  
TAMPA, FL 33609 US

**New Principal Place of Business:**

1728 E. 7TH. AVENUE  
TAMPA, FL 33605 US

**Current Mailing Address:**

4009 W. LEMON STREET  
TAMPA, FL 33609 US

**New Mailing Address:**

1728 E. 7TH. AVENUE  
TAMPA, FL 33605 US

**FEI Number:** 45-5310338

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CINCUNEGUI, SANDRA  
4009 W. LEMON STREET  
TAMPA, FL 33609 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** SANDRA CINCUNEGUI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CINCUNEGUI, MICHAEL A  
**Address:** 4009 W. LEMON STREET  
**City-St-Zip:** TAMPA, FL 33609 US

**Title:** MGRM  
**Name:** CINCUNEGUI, SANDRA  
**Address:** 4009 W. LEMON STREET  
**City-St-Zip:** TAMPA, FL 33609 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** SANDRA CINCUNEGUI

PRES

10/01/2013

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date